



**FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YMCA SPECIALTY CAMP 2015 REGISTRATION FORM

WEEK 1 JUNE 8-12 SOCCER CAMP
WEEK 2 JUNE 15-19 FISHING CAMP
WEEK 3 JUNE 22-26 ART

WEEK 4 JULY 13-17 SCIENCE/NATURE CAMP
WEEK 5 JULY 20-24 ADVENTURE CAMP
WEEK 6 JULY 27-31 DANCE CAMP

Please complete this registration form. It is important that each area be completed, signed and dated. Thank you.

CAMP NAME: _____

Camper's Name _____ Age _____ DOB _____

Parent/Guardian _____

Home Phone _____ Work Phone _____

Email Address _____

Address _____

Zip Code _____

Medical concerns/Allergies _____

Physician/Hospital _____ Phone# _____

Emergency contact _____ Phone # _____

People authorized to pick up camper _____

Release and Waiver of Legal Liability

I, _____ the parent or guardian of the above mentioned, hereby give approval for his/her participation in any any/all camps, sport and activities. I understand that the Union County Family YMCA assumes no responsibility for injuries or illnesses which the above referenced child may sustain as a result of physical condition or resulting from participation in any athletic activities, sports program, and the use of any equipment, exercise or other activities. I hereby release and discharge the Union County Family YMCA, its agents, assigns and/or employees from any and all claims for injury, illness, death, loss or damage which may result from the above referenced child(s) participation in these activities. I further understand that the Union County Family YMCA is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on the YMCA premises. I give my permission to the Union County Family YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings which may include me (or my dependent's) image or voice for purposes of promoting or interpreting YMCA programs. I also grant permission to the Union County Family YMCA to authorize and obtain medical care from any licensed physician, hospital or medical clinic, should the above referenced child become ill or injured while participating in YMCA activities if I am not available to grant authorization for emergency treatment. I realize I may be responsible for the resulting medical bills.

HAVING READ, UNDERSTOOD, AND AGREED WITH THESE TERMS, I HAVE EXECUTED THIS RELEASE, TO BE EFFECTIVE IMMEDIATELY.

Child's name

Parent/Legal Guardian Signature Date

The YMCA mission is to be a cornerstone that puts Christian principles into practice through programs that build healthy spirit, mind and body for all.

